
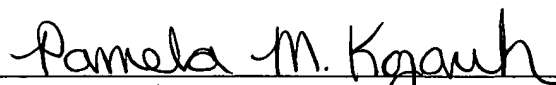


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|--|-------------------------------------|-----------------------------|--------------------------------|-----------------------------------|-------------------|
| AMENDMENT TRANSMITTAL LETTER (Large Entity) | | | | Docket No. 19345-100928 | |
| Applicant(s): Lindsay et al. | | | | | |
| Application No. | Filing Date | Examiner | Customer No. | Group Art Unit | Confirmation No. |
| 10/528,538 | 8/24/2005 | Salone, Bayan | 28886 | 4151 | 3919 |
| Invention: COMPACT FORMED DIFFERENTIAL HOUSING WITH INTEGRATED RING GEAR | | | | | |
| COMMISSIONER FOR PATENTS: | | | | | |
| Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below. | | | | | |
| CLAIMS AS AMENDED | | | | | |
| | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST # PREV. PAID FOR | NUMBER EXTRA CLAIMS PRESENT | RATE | ADDITIONAL FEE |
| TOTAL CLAIMS | 10 - | 20 = | 0 | x \$52.00 | \$0.00 |
| INDEP. CLAIMS | 1 - | 3 = | 0 | x \$220.00 | \$0.00 |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/> | | | | | \$0.00 |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT | | | | | \$0.00 |
| <div style="display: flex; flex-direction: row;"><div style="flex: 1;"><p><input checked="" type="checkbox"/> No additional fee is required for amendment.</p><p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____</p><p><input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.</p><p><input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 50-1759</p><p><input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.</p><p><input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.</p><p><input type="checkbox"/> Payment by credit card. Form PTO-2038.</p></div><div style="flex: 1; padding-left: 20px;"><p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p></div></div> | | | | | |
| <div style="display: flex; justify-content: space-between;"><div style="width: 45%;"> _____ Signature</div><div style="width: 45%; text-align: right;"><p>Dated: <i>July 27, 2009</i></p></div></div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"><div style="width: 45%; border: 1px solid black; padding: 5px;"><p>David J. Ford, Reg. No. 62,462 Clark Hill PLC 500 Woodward Avenue, Suite 3500 Detroit, MI 48226-3435 (313) 965-8575</p></div><div style="width: 45%; border: 1px solid black; padding: 5px;"><p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on <u>7/27/2009</u>. (Date)</p><p> _____ Signature of Person Mailing Correspondence</p><p style="text-align: center;">Pamela M. Kozaruk Typed or Printed Name of Person Mailing Correspondence</p></div></div> | | | | | |
| cc: | | | | | |